| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2001  |  |   |              |                               |                     |                  |               |                  | Application or Docket Number |         |                    |                               |  |  |
|--|--|---|--------------|-------------------------------|---------------------|------------------|---------------|------------------|------------------------------|---------|--------------------|-------------------------------|--|--|
|  |  |   |              |                               |                     |                  |               |                  | 09/851,069                   |         |                    |                               |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                               |                     |                  | SMAL          | LEN              | YTITY                        | OR      | OTHER              |                               |  |  |
| TOTAL CLAIMS   |  |   |              |                               |                     |                  |               | Έ                | FEE                          | ]<br>]  | RATE               | FEE                           |  |  |
| FOR  |  |   | NUMBER FILED |                               | NUMBER EXTRA        |                  | BASIC         | BASIC FEE 370.00 |                              | OR      | BASIC FEE          |                               |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | /4 min       | us 20=                        |                     |                  |               | X\$ 9= :         |                              | OR      | X\$18=             |                               |  |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =    |                               |                     |                  | X42=          |                  |                              | OR      | X84=               |                               |  |  |
| ΜU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       |                               |                     |                  | +140          | )                |                              |         | +280=              |                               |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                               |                     |                  |               | ۸L               |                              | OR      | TOTAL              |                               |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |              |                               |                     |                  |               | \L               | L, _                         | OR      |                    | TUAN                          |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |              |                               |                     |                  | SMA           | LL E             | ENTITY                       | OR      | OTHER<br>SMALL     |                               |  |  |
| MENDMENTA  |  | CLAIMS REMAINING AFTER AMENOMENT          |              | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA | RAT           | ε                | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE        |  |  |
|  | Total  | . 16                                      | Minus        | • 6                           | 0                   | -                | X\$ 9         | )=               |                              | OR      | X\$18=             |                               |  |  |
| AME  | Independent                                    | NITATION OF AU                            | Minus DEC    | ENDEAD                        | 3                   | -                | X42           | -                | -                            | OR      | X84=               |                               |  |  |
| لــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                     |                  | +140          | =                |                              | OR      | +280=              |                               |  |  |
|  |  |   |              |                               |                     |                  | L TO          |                  |                              | OB.     | TOTAL              |                               |  |  |
|  |  | (Column 1)                                |              | (Colur                        | mn 2)               | (Column 3)       | ADDIT, F      | ·EE [            |                              | 1~      | ADOIT, FEE         |                               |  |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              |                               | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | RAT           | Ε                | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE        |  |  |
|  | Total  | . 16                                      | Minus        | * 8                           | 9 <i>0</i> )        | =                | X\$ 9         | =                |                              | OR      | X\$18=             |                               |  |  |
| AME  | Independent                                    | NTATION OF MI                             | Minus        | ###                           | 2                   | =                | X42           | -                |                              | OR      | X84=               | 525                           |  |  |
| <u> </u>   | THOTFIESE                                      | TIATION OF MIC                            | JEHR GE      | CHOCK                         | COANV               |                  | +140          | _                |                              | OR      | +280=              | · · · · · ·                   |  |  |
|  |  |   |              |                               |                     |                  | ADDIT, F      |                  |                              | OR      | TOTAL<br>ADDIT FEE |                               |  |  |
| -  | (Column 1) (Column 2) (Column 3)               |   |              |                               |                     |                  |               |                  | :                            |         |                    |                               |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER                 | PRESENT<br>EXTRA | PATI          | E                | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE        |  |  |
|  | Total  | *   | Minus        | **                            |                     | 2                | X\$ 9         | _                |                              | OR      | X\$18=             |                               |  |  |
| ME   | Independent                                    | •   | Minus        | este                          |                     |                  | X42           |                  |                              |         | X84=               |                               |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                     |                  |               | $\dashv$         |                              | OR      |                    |                               |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |                               |                     |                  |               | =                |                              | OR      | +280=              |                               |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE |  |   |              |                               |                     |                  |               |                  |                              |         |                    |                               |  |  |
|  |  | nber Previously Pa                        |              |                               |                     |                  | r found in th | e app            | ropriate bo                  | c in co | lumo 1.            | and the state of the state of |  |  |

**Application or Docket Number**